

<i>SERFF Tracking Number:</i>	<i>AMFA-127082885</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>48516</i>
<i>Company Tracking Number:</i>	<i>UN 1386 8-11 SPIA APPLICATION</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>UN 1386 8-11 SPIA Application</i>		
<i>Project Name/Number:</i>	<i>UN 1386 8-11 SPIA Application/UN 1386 8-11 SPIA Application</i>		

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: UN 1386 8-11 SPIA Application SERFF Tr Num: AMFA-127082885 State: Arkansas

TOI: A05I Individual Annuities- Immediate Non-Variable
 SERFF Status: Closed-Approved- Closed
 State Tr Num: 48516

Sub-TOI: A05I.000 Annuities - Immediate Non-variable
 Co Tr Num: UN 1386 8-11 SPIA APPLICATION
 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird
 Author: Teri Tran
 Disposition Date: 04/20/2011
 Date Submitted: 04/18/2011
 Disposition Status: Approved-Closed

Implementation Date Requested: 08/22/2011

Implementation Date:

State Filing Description:

General Information

Project Name: UN 1386 8-11 SPIA Application
 Project Number: UN 1386 8-11 SPIA Application
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Status of Filing in Domicile: Authorized
 Date Approved in Domicile: 04/15/2011
 Domicile Status Comments:
 Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 04/20/2011
 State Status Changed: 04/20/2011
 Created By: Teri Tran
 Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Teri Tran

Filing Description:

RE: Ameritas Life Insurance Corp.

NAIC NO.: 0943-61301

FEIN NO.: 47-0098400

FORM: UN 1386 8-11 Application for Single Premium Immediate Annuity

We hereby submit the form listed above for your review and approval. This application will replace UN 1386 5-11, and is for use with form 2703, a Single Premium Immediate Annuity. Both 2703 and UN 1386 5-11 have been previously

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Variable
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approved by your Department on 02/22/2011, under tracking number 47964. This application form UN 1386 8-11, along with the Single Premium Immediate Annuity, form 2703, will become effective on August 22, 2011 or upon approval, whichever is later.

We are re-filing this form to remove the option for the applicant to specify the annuity payment date. We currently do not have the capability to offer the choice of payment date other than the policy issue date. We have also removed sections 12 through 15 from the previous version, which were used for internal purposes only, and not necessary for applicant information.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break, or renumbering of a page.

If you have any questions regarding this submission, please do not hesitate to contact me at 1-800-745-1112, extension 87899, via fax 402-467-7956, or e-mail ttran@ameritas.com.

Company and Contact

Filing Contact Information

Teri Tran, Contract Analyst ttran@ameritas.com
5900 O Street 800-745-1112 [Phone] 87899 [Ext]
P O Box 81889 402-467-7956 [FAX]
Lincoln, NE 68501-1889

Filing Company Information

Ameritas Life Insurance Corp. CoCode: 61301 State of Domicile: Nebraska
5900 O Street Group Code: 943 Company Type:
P O Box 81889 Group Name: State ID Number:
Lincoln, NE 68501-1889 FEIN Number: 47-0098400
(800) 756-1112 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

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Retaliatory? No
Fee Explanation: AR Filing Fee
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$50.00	04/18/2011	46676799

SERFF Tracking Number:	AMFA-127082885	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/20/2011	04/20/2011

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Disposition

Disposition Date: 04/20/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Application for Single Premium Immediate Annuity		Yes

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Form Schedule

Lead Form Number: UN 1386 8-11

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UN 1386 8-11	Application/ Enrollment Form	Application for Single Premium Immediate Annuity Revised		Replaced Form #: UN 1386 5-11 Previous Filing #: 47964	47.000	UN 1386 8-11 Bracketed.pdf

Application for Single Premium Immediate Annuity

Please print clearly in black ink. This form will be photocopied.

1. Policyowner If a Trust, give Trustee name and Trust date. All correspondence will be sent to this address. A copy of the trust should be submitted with the application.

Full Name _____

☐ Social Security # or ☐ Tax I.D. Number _____

Address _____

City/State/ZIP _____

U.S. Citizen: ☐ Yes ☐ No Sex: ☐ M ☐ F

Date of Birth _____

Date of Trust _____

Day Phone _____

E-mail _____

JOINT OWNER (Optional)

Full Name _____

☐ Social Security # or ☐ Tax I.D. Number _____

Address _____

City/State/ZIP _____

U.S. Citizen: ☐ Yes ☐ No Sex: ☐ M ☐ F

Date of Birth or Trust _____

Relationship to Owner _____

Day Phone _____

E-mail _____

2. Annuitant If other than owner.

Full Name _____

☐ Social Security # or ☐ Tax I.D. Number _____

Address _____

City/State/ZIP _____

U.S. Citizen: ☐ Yes ☐ No Sex: ☐ M ☐ F

Date of Birth or Trust _____

Relationship to Owner _____

Day Phone _____

JOINT ANNUITANT (Optional)

Full Name _____

☐ Social Security # or ☐ Tax I.D. Number _____

Address _____

City/State/ZIP _____

U.S. Citizen: ☐ Yes ☐ No Sex: ☐ M ☐ F

Date of Birth or Trust _____

Relationship to Owner _____

Day Phone _____

3. Beneficiary If joint owner, both owners must be named primary beneficiaries. If left blank, the beneficiary will be the estate of the Owner. Unless otherwise indicated, multiple beneficiaries of the same class shall be paid equally to the survivor or survivors. Please provide full names.

PRIMARY _____ Social Security # _____

Relationship to Owner _____ Date of Birth _____

CONTINGENT _____ Social Security # _____

Relationship to Owner _____ Date of Birth _____

4. Annuity Type

Plan Type

- | | |
|--|---|
| <input type="checkbox"/> Nonqualified | <input type="checkbox"/> 408(k) SEP-IRA |
| <input type="checkbox"/> 401(a) Pension/Profit Sharing | <input type="checkbox"/> 408(p) SIMPLE IRA |
| <input type="checkbox"/> 401(k) Profit Sharing | <input type="checkbox"/> 408A ROTH IRA (Regular Contribution) |
| <input type="checkbox"/> 408(b) IRA | <input type="checkbox"/> _____ |

Type of Transfer

- ☐ 1035 Exchange
- ☐ Direct Transfer
- ☐ Direct Rollover
- ☐ Roth Conversion

NOTE FOR ARIZONA RESIDENTS: On written request, we will provide, within a reasonable time, reasonable factual information regarding the benefits and provisions of the policy for which you are applying. If you are not satisfied, you may return the policy to us or the selling agent within ten days of the date of delivery of the policy (thirty days if you are age 65 or older). The amount of the refund will be equal to that permitted by Arizona Insurance Code.

5. Plan Settlement Options (Please choose one of the options below)

☐ Guaranteed Period Only Payment for _____ years _____ months certain.

– or –

☐ Individual Life (Choose one)

☐ Non-Refund (Life Only) ☐ Cash Refund ☐ Installment Refund ☐ Payment guaranteed for:

– or –

☐ 5 years ☐ 10 years ☐ 15 years ☐ 20 years

☐ Joint Lives (Choose one)

☐ Non-Refund ☐ Non-Refund 1/2 ☐ Non-Refund 2/3

☐ Cash Refund ☐ Installment Refund ☐ Payment guaranteed for: ☐ 5 years ☐ 10 years ☐ 15 years ☐ 20 years

The number of months specified must correlate with the payment mode if you select Quarterly, Semi-Annually, or Annually payments below.

Make payments to:

- ☐ Annuitants jointly and then to survivor
☐ Owner(s) **or** ☐ Annuitant(s) for life and then to survivor

Life contingent immediate annuities require proof of birth date on all annuitants. Provide a copy of a government-issued identification (I.D.) with this application. Examples of acceptable forms are: Driver's License, Passport, Military I.D., Green Card.

Annuity payments to be:

- ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Payment Method:

- ☐ Check
☐ Electronic Fund Transfer (EFT) – Please attach voided check and complete Authorization Agreement for Pre-Arranged Deposits Form (UN 3951)

6. Premium Payment **IMPORTANT! All premium checks must be made payable to Ameritas Life Insurance Corp.**

Do not make check payable to the agent/producer or leave the payee blank.

Amount of Single Premium With Application: \$_____

7. Replacement

Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

Will this annuity replace any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

Company _____

Policy No. _____

8. Special Instructions

9. For your protection, please read the following notice:

In several states other than those listed below, we are required to warn you of the following: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud The Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Note for Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Note for Georgia, Kansas, Nebraska, Texas and Washington Residents: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Maine Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Note for District of Columbia and Maryland Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for Massachusetts Residents: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Minnesota and Vermont Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Note for New Hampshire Residents: Any reference to "spouse" is defined to include partners to a civil union. The Federal Defense of Marriage Act states that civil union partners are not considered married under federal law. Therefore, the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner. For information regarding federal tax laws, please consult a tax advisor.

Note for New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Note for Oklahoma Residents: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment.

Note for Oregon Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Note for Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

10. Acknowledgment

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained above are full, complete, and true.
2. I (We) certify that the Social Security or taxpayer identification number shown above is correct.
3. For Alaska Residents: All statements and descriptions in this application are considered representations and not warranties.

Dated at _____ (City) _____ (State) On this Date _____

X _____
Signature of Owner

X _____
Signature of Joint Owner (if applicable)

X _____
Signature of Annuitant if other than Owner

X _____
Signature of Joint Annuitant If other than Joint Owner (if applicable)

Title of Officer or Trustee(s)

Title of Officer or Trustee(s)

11. Agent's/Producer's Statement (Must check appropriate box)

- a. To your knowledge does the Owner (Applicant) have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
- b. Do you have any knowledge or reason to believe that replacement of existing life insurance policies or annuity contracts may be involved? ☐ Yes ☐ No
(If yes, give details in Section 7 and complete any state required replacement forms.)
- c. Did you see the Proposed Owner at the time of application completion? ☐ Yes ☐ No

You must obtain a copy of a government-issued picture form of identification (I.D.) for each owner and submit it with this application. Examples of acceptable forms are: Driver's License, Passport, Military I.D., Green Card.

If it is not possible to obtain a copy, you must provide the following information:

Form of I.D. used for Owner _____ I.D. # _____ Expiration Date _____

Form of I.D. used for Joint Owner (if applicable) _____ I.D. # _____ Expiration Date _____

What was or will be the source of funds used to apply for the policy?

☐ Checking Account ☐ Savings Account ☐ Proceeds from Investments ☐ Inheritance ☐ Other _____

I certify that the information provided by the Owner has been accurately recorded. **For MN residents, I have delivered the Minnesota Guaranty Notice.** I have reasonable grounds to recommend the purchase of the policy as suitable for the Owner.

X _____
Signature of Agent/Producer _____ Date _____

Print Name Here _____ Agent/Producer Code / Percentage _____ Florida License I.D. # _____ Agency or Broker/Dealer _____

X _____
Signature of Agent/Producer _____ Date _____

Print Name Here _____ Agent/Producer Code / Percentage _____ Florida License I.D. # _____ Agency or Broker/Dealer _____

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment:		
UN 1386 8-11-Statement of Variability.pdf		

STATE OF ARKANSAS

CERTIFICATION OF READABILITY

INSURER: Ameritas Life Insurance Corp.

Ameritas Life Insurance Corp. hereby certifies that this filing achieves a Flesch Reading Ease Test Score as stated below:

Form Number	Form Title	Flesch Score
UN 1386 8-11	Application for Single Premium Immediate Annuity	47 when scored with policy



SIGNATURE:

TYPED NAME:

Robert G. Lange
Vice President, General Counsel & Assistant Secretary

DATE:

April 18, 2011

Ameritas Life Insurance Corp.
Statement of Variability

UN 1386 8-11
Application for Single Premium Immediate Annuity

APPLICATION: The following information is bracketed on the application.

1. (a) **Page 1: Client Service Office Address**